1993-2008 EZ-Filing, Inc. [1-800-998-2424] - Forms Software Only

Case 08-23754 Filed 09/09/08 Entered 09/09/08 09:21:02 Desc Main Doc 1 **B1 (Official Form 1) (1/08)** Document Page 1 of 39 **United States Bankruptcy Court** Voluntary Petition **Northern District of Illinois** Name of Debtor (if individual, enter Last, First, Middle): Name of Joint Debtor (Spouse) (Last, First, Middle): Divizio, Diane M All Other Names used by the Joint Debtor in the last 8 years All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): (include married, maiden, and trade names): Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 6701 EIN (if more than one, state all): Street Address of Debtor (No. & Street, City, State & Zip Code): Street Address of Joint Debtor (No. & Street, City, State & Zip Code): 8800 S Harlem Ave Trlr 19C Bridgeview, IL ZIPCODE ZIPCODE **60455-1970** County of Residence or of the Principal Place of Business: County of Residence or of the Principal Place of Business: Cook Mailing Address of Debtor (if different from street address) Mailing Address of Joint Debtor (if different from street address): ZIPCODE ZIPCODE Location of Principal Assets of Business Debtor (if different from street address above): ZIPCODE Type of Debtor Chapter of Bankruptcy Code Under Which **Nature of Business** (Form of Organization) (Check **one** box.) the Petition is Filed (Check one box.) (Check one box.) Chapter 7 Chapter 15 Petition for Health Care Business ✓ Individual (includes Joint Debtors) Single Asset Real Estate as defined in 11 Chapter 9 Recognition of a Foreign U.S.C. § 101(51B) See Exhibit D on page 2 of this form. Chapter 11 Main Proceeding Corporation (includes LLC and LLP) Railroad Chapter 12 Chapter 15 Petition for Stockbroker Partnership Chapter 13 Recognition of a Foreign Commodity Broker Nonmain Proceeding Other (If debtor is not one of the above entities, check this box and state type of entity below.) Clearing Bank **Nature of Debts** Other (Check one box.) Debts are primarily consumer Debts are primarily Tax-Exempt Entity debts, defined in 11 U.S.C. business debts. § 101(8) as "incurred by an (Check box, if applicable.) Debtor is a tax-exempt organization under individual primarily for a personal, family, or house-Title 26 of the United States Code (the Internal Revenue Code). hold purpose." Filing Fee (Check one box) **Chapter 11 Debtors** Check one box: Full Filing Fee attached Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must Check all applicable boxes: attach signed application for the court's consideration. See Official Form 3B. ☐ A plan is being filed with this petition
☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b). Statistical/Administrative Information THIS SPACE IS FOR Debtor estimates that funds will be available for distribution to unsecured creditors. COURT USE ONLY 🗹 Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors. Estimated Number of Creditors  $\checkmark$ 1.000-5,001-25,001-50.001-1-49 100-199 200-999 10,001-Over 5,000 10,000 25,000 50,000 100,000 100,000 Estimated Assets  $\checkmark$ \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 \$50,000,001 to \$100,000,001 \$500,000,001 More than \$50,000 \$100,000 \$500,000 \$1 million \$10 million to \$50 million \$100 million to \$500 million to \$1 billion \$1 billion Estimated Liabilities  $\checkmark$ \$50,001 to \$100,001 to \$500,001 to \$1,000,001 to \$10,000,001 \$0 to \$50,000,001 to \$100,000,001 \$500,000,001 More than

\$1 million

\$10 million

to \$50 million \$100 million

to \$500 million to \$1 billion

| Voluntary Petition (This page must be completed and filed in every case)   | Name of Debtor(s): Divizio, Diane M              |  |  |
|--|--|--|--|
| Prior Bankruptcy Case Filed Within Last 8  | <b>Years</b> (If more than two                   | , attach additional sheet)                     |  |
| Location<br>Where Filed: <b>None</b>   | Case Number:                                     | Date Filed:                                    |  |
| Location Where Filed:  | Case Number:                                     | Date Filed:                                    |  |
| Pending Bankruptcy Case Filed by any Spouse, Partner or  | Affiliate of this Debtor                         | r (If more than one, attach additional sheet)  |  |
| Name of Debtor: None   | Case Number:                                     | Date Filed:                                    |  |
| District:  | Relationship:                                    | Judge:   |  |
| Exhibit A  (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.)  Exhibit A is attached and made a part of this petition.   | t to whose debts are primarily consumer debts.)  |  |  |
|  | X /s/ Troy L Gleason Signature of Attorney for D |  |  |
|  | bit D  | and attack a concrete Evhibit D                |  |
| (To be completed by every individual debtor. If a joint petition is filed, example to be the debtor is attached and materials and the debtor is attached and materials are the debtor in the debtor is attached and materials are the debtor in the debtor is attached and materials are the debtor in the debtor is attached and materials are the debtor in the debtor in the debtor in the debtor is attached and materials are the debtor in the |  | and attach a separate Exhibit D.)              |  |
| If this is a joint petition:  Exhibit D also completed and signed by the joint debtor is attach  | ed a made a part of this pet                     | ition.   |  |
| Information Regardio   | ng the Debtor - Venue                            |  |  |
| (Check any a)  Debtor has been domiciled or has had a residence, principal place of preceding the date of this petition or for a longer part of such 180   |  |  |  |
| ☐ There is a bankruptcy case concerning debtor's affiliate, general  | partner, or partnership pend                     | ding in this District.                         |  |
| ☐ Debtor is a debtor in a foreign proceeding and has its principal pl<br>or has no principal place of business or assets in the United States<br>in this District, or the interests of the parties will be served in reg   | out is a defendant in an acti                    | on or proceeding [in a federal or state court] |  |
| Certification by a Debtor Who Reside   |  | ential Property                                |  |
| (Check all app  Landlord has a judgment against the debtor for possession of deb   | licable boxes.)<br>tor's residence. (If box che  | ecked, complete the following.)                |  |
| (Name of landlord or less  | or that obtained judgment)                       |  |  |
| (Address of lan  | dlord or lessor)                                 |  |  |
| Debtor claims that under applicable nonbankruptcy law, there are the entire monetary default that gave rise to the judgment for pos  |  |  |  |

Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the

 $\square$  Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

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filing of the petition.

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chapter 7.

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Case 08-23754

#### [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under Chapter 7] I am aware that I may proceed under chapter 7, 11, 12 or 13 of title 11, United State Code, understand the relief available under each such chapter, and choose to proceed under

Doc 1

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[If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### X /s/ Diane M Divizio Diane M Divizio Signature of Debtor Χ Signature of Joint Debtor Telephone Number (If not represented by attorney) September 9, 2008

#### Signature of Attorney\*

#### X /s/ Troy L Gleason

Signature of Attorney for Debtor(s)

#### Troy L Gleason 6276510

Printed Name of Attorney for Debtor(s)

#### Gleason & Gleason

Firm Name

#### 77 W Washington, Ste 1218

Address

Date

Chicago, IL 60602

#### (312) 578-9530

Telephone Number

#### September 9, 2008

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

| Signature  | e of Authoriz | zed Individua | ıl     |  |
|------------|---------------|---------------|--------|--|
| Printed N  | lame of Aut   | norized Indiv | vidual |  |
| Title of A | Authorized I  | ndividual     |        |  |
| Title of A | Kumonzeu n    | idividuai     |        |  |

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Page 3 of 39 Name of Debtor(s):

Divizio, Diane M

## **Signatures**

#### Signature of a Foreign Representative

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I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only **one** box.)

- ☐ I request relief in accordance with chapter 15 of title 11, United States Code. Certified copies of the documents required by 11 U.S.C. § 1515 are attached.
- ☐ Pursuant to 11 U.S.C. § 1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

| ignature of I | Foreign Represe | ntative     |  |
|---------------|-----------------|-------------|--|
| rinted Name   | of Foreign Rep  | resentative |  |

#### **Signature of Non-Attorney Petition Preparer**

I declare under penalty of perjury that: 1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; 2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h) and 342(b); 3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Date

Social Security Number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)

| Address |  |  |  |
|---------|--|--|--|
|         |  |  |  |
|         |  |  |  |
|         |  |  |  |

Signature of Bankruptcy Petition Preparer or officer, principal, responsible person, or partner whose social security number is provided above.

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

<sup>\*</sup>In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

Case 08-23754 Official Form 1, Exhibit D (10/06)

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Date: September 9, 2008

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Document Page 4 of 39 United States Bankruptcy Court Northern District of Illinois

| 1401 tile1   | ii District of finnois  |
|--|---|
| IN RE:   | Case No.  |
| Divizio, Diane M   | Chapter 7   |
|  | BTOR'S STATEMENT OF COMPLIANCE<br>DUNSELING REQUIREMENT   |
| do so, you are not eligible to file a bankruptcy case, and t<br>whatever filing fee you paid, and your creditors will be a   | five statements regarding credit counseling listed below. If you cannot<br>he court can dismiss any case you do file. If that happens, you will lose<br>ble to resume collection activities against you. If your case is dismissed<br>equired to pay a second filing fee and you may have to take extra steps   |
| Every individual debtor must file this Exhibit D. If a joint petit one of the five statements below and attach any documents a   | tion is filed, each spouse must complete and file a separate Exhibit D. Check<br>as directed.   |
| the United States trustee or bankruptcy administrator that ou  | tcy case, I received a briefing from a credit counseling agency approved by atlined the opportunities for available credit counseling and assisted me in from the agency describing the services provided to me. Attach a copy of the atthrough the agency.   |
| the United States trustee or bankruptcy administrator that our performing a related budget analysis, but I do not have a certi   | tcy case, I received a briefing from a credit counseling agency approved by atlined the opportunities for available credit counseling and assisted me in ficate from the agency describing the services provided to me. You must file as provided to you and a copy of any debt repayment plan developed through is filed.  |
| days from the time I made my request, and the following  | m an approved agency but was unable to obtain the services during the five exigent circumstances merit a temporary waiver of the credit counseling ecompanied by a motion for determination by the court.][Summarize exigent  |
| obtain the credit counseling briefing within the first 30 day<br>the agency that provided the briefing, together with a co-<br>extension of the 30-day deadline can be granted only for ca-<br>be filed within the 30-day period. Failure to fulfill these | otion, it will send you an order approving your request. You must still is after you file your bankruptcy case and promptly file a certificate from opy of any debt management plan developed through the agency. Any nuse and is limited to a maximum of 15 days. A motion for extension must requirements may result in dismissal of your case. If the court is not se without first receiving a credit counseling briefing, your case may be |
| 4. I am not required to receive a credit counseling briefing motion for determination by the court.]   | because of: [Check the applicable statement.] [Must be accompanied by a   |
| •  | aired by reason of mental illness or mental deficiency so as to be incapable<br>et to financial responsibilities.);   |
|  | ysically impaired to the extent of being unable, after reasonable effort, to  |
| 5. The United States trustee or bankruptcy administrator hadoes not apply in this district.  | has determined that the credit counseling requirement of 11 U.S.C. § 109(h)   |
| I certify under penalty of perjury that the information provide  | ed above is true and correct.   |
| Signature of Debtor: /s/ Diane M Divizio   |   |

## NOTICE TO INDIVIDUAL CONSUMER DEBTOR UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case. You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### <u>Chapter 7</u>: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

- 1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.
- 2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.
- 3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.
- 4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

## <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

- 1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in instalments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.
- 2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them,

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using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

#### **Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)**

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

#### Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by  $\S 342(b)$  of the Bankruptcy Code.

| Printed Name and title, if any, of Bankruptcy Petition Preparer Address:  | Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, |
|---|--|
| X   | principal, responsible person, or partner of the bankruptcy petition preparer.) (Required by 11 U.S.C. § 110.)                     |
| Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above. | _  |
| Certificate of the Debtor  L(Wa), the debtor(s), effirm that L(wa) have received and read this notice   |  |

I (We), the debtor(s), affirm that I (we) have received and read this notice.

| Divizio, Diane M             | X /s/ Diane M Divizio              | 9/09/2008 |
|------------------------------|------------------------------------|-----------|
| Printed Name(s) of Debtor(s) | Signature of Debtor                | Date      |
| Case No. (if known)          | X                                  |           |
|                              | Signature of Joint Debtor (if any) | Date      |

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#### Document Page 7 of 39 United States Bankruptcy Court Northern District of Illinois

| IN RE:           |           | Case No   |
|------------------|-----------|-----------|
| Divizio, Diane M |           | Chapter 7 |
| •                | Debtor(s) | 1         |

#### SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE   | ATTACHED<br>(YES/NO) | NUMBER OF<br>SHEETS | ASSETS      | LIABILITIES  | OTHER       |
|--|----------------------|---------------------|-------------|--------------|-------------|
| A - Real Property  | Yes                  | 1                   | \$ 6,000.00 |              |             |
| B - Personal Property  | Yes                  | 3                   | \$ 1,200.00 |              |             |
| C - Property Claimed as Exempt   | Yes                  | 1                   |             |              |             |
| D - Creditors Holding Secured Claims   | Yes                  | 1                   |             | \$ 5,878.00  |             |
| E - Creditors Holding Unsecured Priority<br>Claims (Total of Claims on Schedule E) | Yes                  | 1                   |             | \$ 0.00      |             |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                              | Yes                  | 5                   |             | \$ 30,408.84 |             |
| G - Executory Contracts and Unexpired<br>Leases                                    | Yes                  | 1                   |             |              |             |
| H - Codebtors  | Yes                  | 1                   |             |              |             |
| I - Current Income of Individual Debtor(s)   | Yes                  | 1                   |             |              | \$ 1,120.43 |
| J - Current Expenditures of Individual Debtor(s)                                   | Yes                  | 1                   |             |              | \$ 1,150.00 |
|  | TOTAL                | 16                  | \$ 7,200.00 | \$ 36,286.84 |             |

Form 6 - Statistical Summary (12/07)4

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| nited | <b>States</b> | Bankr    | ŭptc  | y Cour |
|-------|---------------|----------|-------|--------|
| Nort  | hern D        | District | of II | linois |

| IN RE:           |           | Case No.  |
|------------------|-----------|-----------|
| Divizio, Diane M |           | Chapter 7 |
|                  | Debtor(s) | •         |

#### STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount     |
|---|------------|
| Domestic Support Obligations (from Schedule E)  | \$<br>0.00 |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | \$<br>0.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | \$<br>0.00 |
| Student Loan Obligations (from Schedule F)  | \$<br>0.00 |
| Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E                   | \$<br>0.00 |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | \$<br>0.00 |
| TOTAL   | \$<br>0.00 |

#### State the following:

| Average Income (from Schedule I, Line 16)   | \$<br>1,120.43 |
|---|----------------|
| Average Expenses (from Schedule J, Line 18)   | \$<br>1,150.00 |
| Current Monthly Income (from Form 22A Line 12; <b>OR</b> , Form 22B Line 11; <b>OR</b> , Form 22C |                |
| Line 20)  | \$<br>1,430.00 |

#### **State the following:**

| 1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column               |         | \$<br>0.00      |
|--|---------|-----------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.            | \$ 0.00 |                 |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |         | \$<br>0.00      |
| 4. Total from Schedule F   |         | \$<br>30,408.84 |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |         | \$<br>30,408.84 |

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IN RE Divizio, Diane M Case No.

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Debtor(s)

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

| DESCRIPTION AND LOCATION OF PROPERTY  Mobile Home  NATURE OF DESTORM INTEREST IN PROPERTY  Property of the pro |             |  |                                       |  |          |
|--|-------------|--|---------------------------------------|--|----------|
| Mobile Home J G 6,000.00 5,878.00  |             | NATURE OF DEBTOR'S<br>INTEREST IN PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION |          |
|  | Mobile Home |  | J                                     | 6.000.00   | 5.878.00 |
|  | Mobile Home |  | J                                     | 6,000.00   | 5,878.00 |
|  |             |  |                                       |  |          |

TOTAL

6,000.00

Desc Main

(If known)

Filed 09/09/08 Document

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IN RE Divizio, Diane M

Debtor(s)

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Case No. \_ (If known)

#### **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY  | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|---|---------------------------------------|--|
| 1.  | Cash on hand.   | Х                |   |                                       |  |
| 2.  | Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.                      |                  | Checking<br>Savings   |                                       | 100.00<br>50.00  |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | Х                |   |                                       |  |
| 4.  | Household goods and furnishings, include audio, video, and computer equipment.  |                  | Normal and necessary household goods, including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece |                                       | 800.00   |
| 5.  | Books, pictures and other art objects,<br>antiques, stamp, coin, record, tape,<br>compact disc, and other collections or<br>collectibles.   | Х                |   |                                       |  |
| 6.  | Wearing apparel.  |                  | Clothing  |                                       | 250.00   |
| 7.  | Furs and jewelry.   | Х                |   |                                       |  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | X                |   |                                       |  |
| 9.  | Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.  | Х                |   |                                       |  |
| 10. | Annuities. Itemize and name each issue.   | Х                |   |                                       |  |
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | X                |   |                                       |  |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |   |                                       |  |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   | Х                |   |                                       |  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |   |                                       |  |

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### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

|     | TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|-----|---|------------------|--------------------------------------|---------------------------------------|--|
| 15. | Government and corporate bonds and other negotiable and non-negotiable instruments.   | X                |                                      |                                       |  |
| 16. | Accounts receivable.  | Х                |                                      |                                       |  |
| 17. | Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.  | X                |                                      |                                       |  |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  | X                |                                      |                                       |  |
| 19. | Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.   | X                |                                      |                                       |  |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |                                      |                                       |  |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |                                      |                                       |  |
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | X                |                                      |                                       |  |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |                                       |  |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |                                       |  |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | Х                |                                      |                                       |  |
| 26. | Boats, motors, and accessories.   | X                |                                      |                                       |  |
| 27. | Aircraft and accessories.   | X                |                                      |                                       |  |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |                                       |  |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |                                       |  |
| 30. | Inventory.  | X                |                                      |                                       |  |
| 31. | Animals.  | X                |                                      |                                       |  |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |                                       |  |
|     |   |                  |                                      |                                       |  |

| $\begin{array}{c} \text{B6B (Official Form SB)} \\ \begin{array}{c} \text{C3.56} \\ \text{C2.07} \end{array} \begin{array}{c} \text{23.754} \\ \text{C3.07} \end{array}$ | Doc 1 | Filed 09/09/08 | Entered 09/09/08 09:21:02 |
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IN RE Divizio, Diane M

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Desc Main

(If known)

#### SCHEDULE B - PERSONAL PROPERTY (Continuation Sheet)

| TYPE OF PROPERTY  | N<br>O<br>N<br>E | DESCRIPTION AND LOCATION OF PROPERTY | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | CURRENT VALUE OF<br>DEBTOR'S INTEREST IN<br>PROPERTY WITHOUT<br>DEDUCTING ANY<br>SECURED CLAIM OR<br>EXEMPTION |
|---|------------------|--------------------------------------|---------------------------------------|--|
| <ul><li>33. Farming equipment and implements.</li><li>34. Farm supplies, chemicals, and feed.</li></ul> | X<br>X           |                                      |                                       |  |
| 35. Other personal property of any kind not already listed. Itemize.                                    | X                |                                      |                                       |  |
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Debtor(s)

(If known)

#### SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

| Debtor elects the exemptions to | which debtor is entitled under: |
|---------------------------------|---------------------------------|
| (Check one box)                 |                                 |

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

Case No. \_

11 U.S.C. § 522(b)(2) 11 U.S.C. § 522(b)(3)

| DESCRIPTION OF PROPERTY   | SPECIFY LAW PROVIDING EACH EXEMPTION | VALUE OF CLAIMED<br>EXEMPTION | CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING |
|---|--------------------------------------|-------------------------------|---|
| SCHEDULE A - REAL PROPERTY  |                                      |                               | EXEMPTIONS                                  |
| Mobile Home   | 735 ILCS 5 §12-901                   | 6,000.00                      | 6,000.00                                    |
| SCHEDULE B - PERSONAL PROPERTY  | 3.2 00.                              | 3,000.00                      | 3,000.00                                    |
| Checking  | 735 ILCS 5 §12-1001(b)               | 100.00                        | 100.00                                      |
| Savings   | 735 ILCS 5 §12-1001(b)               | 50.00                         | 50.00                                       |
| Normal and necessary household goods,   | 735 ILCS 5 §12-1001(b)               | 800.00                        | 800.00                                      |
| including but not limited to : TVs, chairs, tables, sofas, bedroom furniture, some kitchen appliances, costume jewelry less | 755 1255 5 3 12 1661(5)              | 333.33                        | 300.30                                      |
| than \$500 each piece   |                                      |                               |   |
|   |                                      |                               |   |
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#### SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

| CREDITOR'S NAME AND MAILING ADDRESS<br>INCLUDING ZIP CODE AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED,<br>NATURE OF LIEN, AND DESCRIPTION AND VALUE OF<br>PROPERTY SUBJECT TO LIEN | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT OF<br>CLAIM WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF ANY |
|--|----------|---------------------------------------|--|------------|--------------|----------|---|------------------------------|
| ACCOUNT NO. 815460rc   |          |                                       | Installment account opened 3/08  |            |              |          | 5,878.00  |                              |
| Evergreen Fn<br>6547 N Avondale Ave<br>Chicago, IL 60631-1573  |          |                                       | VALUE \$ <b>6,000.00</b>   |            |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | VALUE \$   |            |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | VALUE \$   |            |              |          |   |                              |
| ACCOUNT NO.  |          |                                       | VALUE \$   |            |              |          |   |                              |
| continuation sheets attached   |          | ,                                     | (Total of th   |            | otot         |          | \$ 5,878.00   | \$                           |
|  |          |                                       | (Use only on la  |            | Tot<br>pag   |          | \$ 5,878.00 (Report also on                                       | \$ (If applicable, report    |

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(Report also on Summary of Schedules.)

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(If applicable, report also on Statistical Summary of Certain Liabilities and Related Data.) Filed 09/09/08 Document Entered 09/09/08 09:21:02 Page 15 of 39 Desc Main

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Case No. \_\_\_\_

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

| liste | eport the total of amounts <u>not</u> entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority d on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on Statistical Summary of Certain Liabilities and Related Data.        |
|-------|---|
| V     | Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| ΤY    | PES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
|       | <b>Domestic Support Obligations</b> Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
|       | Extensions of credit in an involuntary case  Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).  |
|       | Wages, salaries, and commissions Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4). |
|       | Contributions to employee benefit plans  Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
|       | Certain farmers and fishermen Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
|       | <b>Deposits by individuals</b> Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).   |
|       | Taxes and Certain Other Debts Owed to Governmental Units  Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).   |
|       | Commitments to Maintain the Capital of an Insured Depository Institution  Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).  |
|       | Claims for Death or Personal Injury While Debtor Was Intoxicated Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).   |
|       | * Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.  |
|       | <b>0</b> continuation sheets attached   |

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Case No.

(Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical

Summary of Certain Liabilities and Related Data.)

Debtor(s)

(If known)

Desc Main

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F. HUSBAND, WIFE, JOINT, OR COMMUNITY UNLIQUIDATED CONTINGENT CODEBTOR DISPUTED CREDITOR'S NAME, MAILING ADDRESS AMOUNT DATE CLAIM WAS INCURRED AND INCLUDING ZIP CODE, AND ACCOUNT NUMBER. CONSIDERATION FOR CLAIM. IF CLAIM IS OF CLAIM (See Instructions Above.) SUBJECT TO SETOFF, SO STATE Open account opened 1/06 ACCOUNT NO. A.f.s. Assignee Of First Premi 658.00 Assignee or other notification for: ACCOUNT NO. A.f.s. Assignee Of First Premi **Arrow Financial Servic** 5996 W Touhy Ave Niles, IL 60714-4610 ACCOUNT NO Open account opened 6/05 Aspire Visa 454.00 Assignee or other notification for: ACCOUNT NO. **Aspire Visa** Midland Credit Mgmt 8875 Aero Dr Ste 200 San Diego, CA 92123-2255 Subtotal 1,112.00 4 continuation sheets attached (Total of this page) Total

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Debtor(s)

\_ Case No. \_

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (1                                    | Continuation Sneet)  |            |              |          |                       |
|--|----------|---------------------------------------|--|------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE                           | CONTINGENT | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 410608208758   |          |                                       | Revolving account opened 11/01   |            |              |          |                       |
| Cap One<br>PO Box 5155<br>Norcross, GA 30091-5155  |          |                                       |  |            |              |          | 2,117.00              |
| ACCOUNT NO. <b>07M1-170667</b>   |          |                                       | Collections  |            |              | H        | 2,117.00              |
| Capital One<br>PO Box 5155<br>Norcross, GA 30091-5155  |          |                                       |  |            |              |          | 4 624 00              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |            |              | Н        | 1,631.00              |
| Adler & Associates 25 E Washington St, Ste 500 Chicago, IL 60602   |          |                                       | Capital One  |            |              |          |                       |
| ACCOUNT NO.  |          |                                       | Collections  |            |              |          |                       |
| Cavalry Porfolio<br>PO Box 27288<br>Tempe, AZ 85285  |          |                                       |  |            |              |          |                       |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |            |              |          | 15,000.00             |
| Premier Bank PO Box 2208 Vacaville, CA 95696-8208  |          |                                       | Cavalry Porfolio   |            |              |          |                       |
| ACCOUNT NO.  |          |                                       | Open account opened 3/07   | H          |              | H        |                       |
| Citifinancial  |          |                                       |  |            |              |          | 6,538.00              |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |            |              |          | 3,530.00              |
| Lvnv Funding Llc<br>PO Box 10587<br>Greenville, SC 29603-0587  |          |                                       | Citifinancial  |            |              |          |                       |
| Sheet no. 1 of 4 continuation sheets attached to   |          | <u> </u>                              |  | Sub        |              |          |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of the (Use only on last page of the completed Schedule F. Reporthe Summary of Schedules, and if applicable, on the S | T<br>t als | Γota<br>o o  | al<br>n  | \$ 25,286.00          |
|  |          |                                       | Summary of Certain Liabilities and Relate  | d D        | ata.         | .)       | \$                    |

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#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | (                                     | Continuation Sneet)   |                |              |          |                       |
|---|----------|---------------------------------------|---|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)    | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO. 4447962146364827  |          |                                       | Revolving account opened 11/07  | T              |              | П        |                       |
| Credit One Bank PO Box 98873 Las Vegas, NV 89193-8873   |          |                                       |   |                |              |          | 136.00                |
| ACCOUNT NO.   |          |                                       | Open account opened 1/07  | $\vdash$       |              | Н        |                       |
| Household Bank  |          |                                       |   |                |              |          |                       |
|   |          |                                       |   |                |              |          | 971.00                |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:   |                |              |          |                       |
| Asset Acceptance Llc<br>PO Box 2036<br>Warren, MI 48090-2036  |          |                                       | Household Bank  |                |              |          |                       |
| ACCOUNT NO. <b>512025501116</b>   | _        |                                       | Revolving account opened 3/07   |                |              |          |                       |
| Hsbc Bank<br>PO Box 5213<br>Carol Stream, IL 60197-5213   |          |                                       |   |                |              |          | 259.00                |
| ACCOUNT NO. <b>520611000015</b>   |          |                                       | Revolving account opened 1/08   |                |              |          | 233.00                |
| Hsbc Bank<br>PO Box 5213<br>Carol Stream, IL 60197-5213   |          |                                       |   |                |              |          |                       |
| ACCOUNT NO. <b>5407-9150-0700-7609</b>  |          |                                       | Collections   |                |              | Н        | 258.00                |
| Hsbc Bank<br>Attn: Bankruptcy<br>PO Box 5213<br>Carol Stream, IL 60197-5213                                 | -        |                                       |   |                |              |          |                       |
| ACCOUNTANO  |          |                                       | Assignee or other notification for:   |                |              |          | 967.84                |
| ACCOUNT NO.  Asset Acceptance PO Box 2036 Warren, MI 48090-2036   |          |                                       | Hsbc Bank   |                |              |          |                       |
| Sheet no. 2 of 4 continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of the   | Sub<br>nis p   |              |          | \$ 2,591.84           |
|   |          |                                       | (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Summary of Certain Liabilities and Related | t als<br>tatis | tica         | n<br>al  | \$                    |

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\_ Case No. \_

IN RE Divizio, Diane M

Debtor(s)

(If known)

#### SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|   |          | (1                                    | Continuation Sneet)   |                |              |          |                       |
|---|----------|---------------------------------------|---|----------------|--------------|----------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.)                              | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE  | CONTINGENT     | UNLIQUIDATED | DISPUTED | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:   |                |              | П        |                       |
| Sanjay S Jutla/Allen Gunn<br>55 E Jackson Blvd 16th Fl<br>Chicago, IL 60604-4466  |          |                                       | Hsbc Bank   |                |              |          |                       |
| ACCOUNT NO. <b>37551447</b>   |          |                                       | Medical/ Dental Bill  |                |              | Н        |                       |
| Macneal Hospital<br>2384 Paysphere Cr<br>Chicago, IL 60674-0023   |          |                                       |   |                |              |          | 401.00                |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:   |                |              | Н        | 401.00                |
| United Collection Bureau, Inc.<br>5620 Southwyck Blvd, Ste 206<br>Toldeo, OH 43614  |          | Macneal Hospital                      |   |                |              |          |                       |
| ACCOUNT NO. <b>144930</b>   |          |                                       | Medical/ Dental Bill  |                |              | Н        |                       |
| Metropolitan Advance Rad Srvc<br>1362 Paysphere Cr<br>Chicago, IL 60674-0013  |          |                                       |   |                |              |          |                       |
| ACCOUNT NO.   |          |                                       | Open account opened 1/08  |                |              |          | 46.00                 |
| Palos Community Hospital  |          |                                       |   |                |              |          |                       |
|   |          |                                       |   |                |              |          | 719.00                |
| ACCOUNT NO.   |          |                                       | Assignee or other notification for:   |                |              |          |                       |
| Nationwide Credit And Co<br>9919 W Roosevelt Rd Ste 101<br>Westchester, IL 60154-2771   |          |                                       | Palos Community Hospital  |                |              |          |                       |
| ACCOUNT NO.   |          |                                       | Open account opened 12/04   |                |              | Н        |                       |
| Sprint Pcs  |          |                                       |   |                |              |          |                       |
|   |          |                                       |   |                |              | Ц        | 253.00                |
| Sheet no. $\underline{}$ of $\underline{}$ continuation sheets attached to Schedule of Creditors Holding Unsecured Nonpriority Claims |          |                                       | (Total of th  | Sub<br>is p    |              |          | \$ 1,419.00           |
|   |          |                                       | (Use only on last page of the completed Schedule F. Repor<br>the Summary of Schedules, and if applicable, on the S<br>Summary of Certain Liabilities and Relate | t als<br>tatis | tica         | n<br>al  | \$                    |

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(If known)

IN RE Divizio, Diane M

Debtor(s)

Case No. \_

## SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  |          | (1                                    | Continuation Sneet)  |                           |                             |                     |                       |
|--|----------|---------------------------------------|--|---------------------------|-----------------------------|---------------------|-----------------------|
| CREDITOR'S NAME, MAILING ADDRESS<br>INCLUDING ZIP CODE, AND ACCOUNT NUMBER.<br>(See Instructions Above.) | CODEBTOR | HUSBAND, WIFE, JOINT,<br>OR COMMUNITY | DATE CLAIM WAS INCURRED AND<br>CONSIDERATION FOR CLAIM. IF CLAIM IS<br>SUBJECT TO SETOFF, SO STATE   | CONTINGENT                | UNLIQUIDATED                | DISPUTED            | AMOUNT<br>OF<br>CLAIM |
| ACCOUNT NO.  |          |                                       | Assignee or other notification for:  |                           |                             |                     |                       |
| Cavalry Portfolio Serv<br>PO Box 1017<br>Hawthorne, NY 10532-7504  |          |                                       | Sprint Pcs   |                           |                             |                     |                       |
| ACCOUNT NO.  |          |                                       |  |                           |                             |                     |                       |
|  |          |                                       |  |                           |                             |                     |                       |
| ACCOUNT NO.  |          |                                       |  |                           |                             |                     |                       |
| ACCOUNT NO.  |          |                                       |  |                           |                             |                     |                       |
| ACCOUNT NO.  |          |                                       |  |                           |                             |                     |                       |
| ACCOUNT NO.  |          |                                       |  |                           |                             |                     |                       |
| ACCOUNT NO.  |          |                                       |  |                           |                             |                     |                       |
| Sheet no. 4 of 4 continuation sheets attached to   |          |                                       |  | Sub                       | tota                        | ıl                  |                       |
| Schedule of Creditors Holding Unsecured Nonpriority Claims   |          |                                       | (Total of the (Use only on last page of the completed Schedule F. Report the Summary of Schedules, and if applicable, on the Stammary of Certain Liabilities and Related | is p<br>T<br>also<br>atis | age<br>Tota<br>o or<br>tica | e)<br>ul<br>n<br>ul | \$<br>\$ 30,408.84    |

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| IN RE Divizio, Diane M           |       | Document       | Page 21 of 39 Case No. | 0.  |            |
|                                  |       | Debtor(s)      |                        |     | (If known) |

#### SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no executory contracts or unexpired leases.

| NAME AND MAILING ADDRESS, INCLUDING ZIP CODE<br>OF OTHER PARTIES TO LEASE OR CONTRACT | DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT. |
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IN RE Divizio, Diane M Case No. \_\_\_\_\_

Debtor(s) (If known)

#### **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND ADDRESS OF CODEBTOR | NAME AND ADDRESS OF CREDITOR |
|------------------------------|------------------------------|
|                              |                              |
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IN RE Divizio, Diane M

Debtor(s)

Case No. (If known)

#### SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

| Debtor's Marital Status   | DEPENDENTS OF  | DEBTOR AND    | SPOU     | SE                        |                 |
|---|--|---------------|----------|---------------------------|-----------------|
| Single  | RELATIONSHIP(S):   |               |          |                           | AGE(S):         |
|   |  |               |          |                           |                 |
| EMPLOYMENT:   | DEBTOR   |               |          | SPOUSE                    |                 |
| Occupation Cashier Name of Employer How long employed Address of Employer           |  |               |          |                           |                 |
| _   | e or projected monthly income at time case filed) salary, and commissions (prorate if not paid month | hly)          | \$<br>\$ | DEBTOR<br><b>1,430.00</b> | \$POUSI<br>\$\$ |
| 3. SUBTOTAL   |  |               | \$       | 1,430.00                  | \$              |
| 4. LESS PAYROLL DEDUCTION a. Payroll taxes and Social Sec                           |  |               | \$       | 309.57                    | \$              |
| b. Insurance  | ·  |               | \$       |                           | \$              |
| c. Union dues   |  |               | \$       |                           | \$              |
| d. Other (specify)  |  |               | \$ —     |                           | \$              |
| 5. SUBTOTAL OF PAYROLI  | DEDUCTIONS   |               | \$       | 309.57                    | \$<br>\$        |
| 6. TOTAL NET MONTHLY T  | TAKE HOME PAY  |               | \$       | 1,120.43                  | \$              |
| 7. Regular income from operation  | on of business or profession or farm (attach detailed  | d statement)  | \$       |                           | \$              |
| <ul><li>8. Income from real property</li><li>9. Interest and dividends</li></ul>    |  |               | \$       |                           | \$              |
|   | pport payments payable to the debtor for the debtor  | r's use or    | Ψ        |                           | Ψ               |
| that of dependents listed above 11. Social Security or other gove                   |  |               | \$       |                           | \$              |
|   |  |               | \$       |                           | \$              |
|   |  |               | \$       |                           | \$              |
| <ul><li>12. Pension or retirement income</li><li>13. Other monthly income</li></ul> | e  |               | \$       |                           | \$              |
|   |  |               | \$       |                           | \$              |
|   |  |               | \$       |                           | \$              |
|   |  |               | \$       |                           | \$              |
| 14. SUBTOTAL OF LINES 7   | THROUGH 13   |               | \$       |                           | \$              |
| 15. AVERAGE MONTHLY I   | NCOME (Add amounts shown on lines 6 and 14)  |               | \$       | 1,120.43                  | \$              |
| <b>16. COMBINED AVERAGE N</b> if there is only one debtor repeat                    | MONTHLY INCOME: (Combine column totals for total reported on line 15)                                | from line 15; |          | \$                        | 1,120.43        |

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document: None

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IN RE Divizio, Diane M

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Debtor(s)

\_ Case No. \_\_

| SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTO   | K(S)                                |                                  |
|---|-------------------------------------|----------------------------------|
| Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Programmerly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the on Form22A or 22C. | ate any payments<br>deductions from | made biweekly,<br>income allowed |
| Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Comple  | ete a separate                      | schedule of                      |
| expenditures labeled "Spouse."  | p                                   |                                  |
| 1. Rent or home mortgage payment (include lot rented for mobile home)   | \$                                  | 250.00                           |
| a. Are real estate taxes included? Yes No <u>✓</u>  |                                     |                                  |
| b. Is property insurance included? Yes No <u>✓</u>  |                                     |                                  |
| 2. Utilities:   |                                     |                                  |
| a. Electricity and heating fuel   | \$                                  | 150.00                           |
| b. Water and sewer  | \$                                  |                                  |
| c. Telephone  | \$                                  | 150.00                           |
| d. Other  | \$                                  |                                  |
|   | \$                                  |                                  |
| 3. Home maintenance (repairs and upkeep)  | \$                                  |                                  |
| 4. Food   | \$                                  | 200.00                           |
| 5. Clothing   | \$                                  | 50.00                            |
| 6. Laundry and dry cleaning   | \$                                  | 50.00                            |
| 7. Medical and dental expenses  | \$                                  | 50.00                            |
| 8. Transportation (not including car payments)  | \$                                  | 250.00                           |
| 9. Recreation, clubs and entertainment, newspapers, magazines, etc.   | \$                                  |                                  |
| 10. Charitable contributions  | \$                                  |                                  |
| 11. Insurance (not deducted from wages or included in home mortgage payments)   |                                     |                                  |
| a. Homeowner's or renter's  | \$                                  |                                  |
| b. Life   |                                     |                                  |
| c. Health   | \$                                  |                                  |
| d. Auto   | \$                                  |                                  |
| e. Other  | \$                                  |                                  |
|   | \$                                  |                                  |
| 12. Taxes (not deducted from wages or included in home mortgage payments)   | <b>A</b>                            |                                  |
| 12. Taxes (not deducted from wages or included in home mortgage payments)  (Specify)  | <u>\$</u>                           |                                  |
|   | \$                                  |                                  |
| 13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)   | Φ.                                  |                                  |
| a. Auto   | \$                                  |                                  |
| b. Other  | \$                                  |                                  |
| 14 41   | \$                                  |                                  |
| 14. Alimony, maintenance, and support paid to others  | \$                                  |                                  |
| 15. Payments for support of additional dependents not living at your home   | <b>3</b> —                          |                                  |
| 16. Regular expenses from operation of business, profession, or farm (attach detailed statement)  | <b>\$</b>                           |                                  |
|   |                                     |                                  |

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

1,150.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document: None

#### 20. STATEMENT OF MONTHLY NET INCOME

| a. Average monthly income from Line 15 of Schedule I | \$ 1,120.4 <b>3</b> |
|--|---------------------|
| b. Average monthly expenses from Line 18 above       | \$ 1,150.00         |
| c. Monthly net income (a. minus b.)                  | \$ -29.57           |

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(If known)

IN RE Divizio, Diane M

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Debtor(s)

Case No.

#### DECLARATION CONCERNING DEBTOR'S SCHEDULES

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 18 sheets, and that they are true and correct to the best of my knowledge, information, and belief. Date: September 9, 2008 Signature: /s/ Diane M Divizio Debtor Diane M Divizio Signature: (Joint Debtor, if any) [If joint case, both spouses must sign.] DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110) I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section. Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer Social Security No. (Required by 11 U.S.C. § 110.) If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document. Address Signature of Bankruptcy Petition Preparer Date Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual: If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person. A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156. DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of \_\_\_\_\_ sheets (total shown on summary page plus 1), and that they are true and correct to the best of my knowledge, information, and belief. Signature:

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Northern District of Illinois

|                  | CTATEMENT OF FINANCIAL AFFAIDS |           |
|------------------|--------------------------------|-----------|
|                  | Debtor(s)                      | -         |
| Divizio, Diane M |                                | Chapter 7 |
| IN RE:           |                                | Case No.  |
|                  |                                |           |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 -25. If the answer to an applicable question is "None," mark the box labeled "None." If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. I1 U.S.C. § 101.

#### 1. Income from employment or operation of business

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the two years immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

1,430.00 2008 income from employment (monthly)

14,669.00 2007 income from employment

14,000.00 2006 income from employment

#### 2. Income other than from employment or operation of business

None State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the two years immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 3. Payments to creditors

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

|             | Case 08-23754   | Doc 1   |   | Entered 09/09/0<br>Page 27 of 39   | 8 09:21:02  | Desc Main  |
|-------------|---|---|---|--|---|--|
| None        | b. Debtor whose debts are not p preceding the commencement o \$5,475. If the debtor is an individual obligation or as part of an alternate debtors filing under chapter 12 c is filed, unless the spouses are seen as the second of | f the case unle<br>idual, indicate<br>tive repayment<br>or chapter 13 m | mer debts: List each<br>ss the aggregate valu<br>with an asterisk (*) a<br>schedule under a plan<br>aust include payments | payment or other transfer to<br>e of all property that const<br>ny payments that were mad<br>by an approved nonprofit<br>and other transfers by eith | itutes or is affected<br>to a creditor on<br>budgeting and cred | ed by such transfer is less than<br>account of a domestic support<br>lit counseling agency. (Married |
| None        | c. All debtors: List all payments who are or were insiders. (Marri a joint petition is filed, unless th   | ed debtors filin  | g under chapter 12 o  | r chapter 13 must include p  |   |  |
| 4. Sui      | its and administrative proceeding   | ngs, executions   | s, garnishments and   | attachments  |   |  |
| None        | a. List all suits and administrati<br>bankruptcy case. (Married debto<br>not a joint petition is filed, unles   | ors filing under  | chapter 12 or chapte  | r 13 must include informati  |   |  |
| AND<br>Capi | TION OF SUIT<br>CASE NUMBER<br>tal One v Divizo<br>I-170667   | NATURE OF   | FPROCEEDING   | COURT OR AGENO<br>AND LOCATION<br>Cook   | CY  | STATUS OR<br>DISPOSITION<br>Pending  |
|             | et Acceptance v Divizo<br>I-156773  | Civil   |   | Cook   |   | Pending  |
| None        | b. Describe all property that has<br>the commencement of this case.<br>or both spouses whether or not a   | (Married debte  | ors filing under chap   | ter 12 or chapter 13 must in   | nclude information  | n concerning property of either  |
| 5. Re       | possessions, foreclosures and re  | turns   |   |  |   |  |
| None        | List all property that has been re<br>the seller, within <b>one year</b> imme<br>include information concerning<br>joint petition is not filed.)  | ediately preced   | ing the commenceme  | ent of this case. (Married de  | ebtors filing under   | chapter 12 or chapter 13 must  |
| 6. As       | signments and receiverships   |   |   |  |   |  |
| None        | a. Describe any assignment of pr<br>(Married debtors filing under cha<br>unless the spouses are separated   | apter 12 or chap  | ter 13 must include a   |  |   |  |
| None        | b. List all property which has be<br>commencement of this case. (Ma<br>spouses whether or not a joint p   | rried debtors fi  | ling under chapter 12   | or chapter 13 must include   | information conce   |  |
| 7. Gif      | fts   |   |   |  |   |  |
| None        | List all gifts or charitable contribution gifts to family members aggregate per recipient. (Married debtors for a joint petition is filed, unless the   | ting less than \$2<br>iling under cha                                   | 200 in value per indiv<br>pter 12 or chapter 13   | idual family member and ch<br>must include gifts or contr  | naritable contributi  | ions aggregating less than \$100   |
| 8. Lo       | sses  |   |   |  |   |  |
| None        | List all losses from fire, theft, or commencement of this case. (Ma joint petition is filed, unless the   | Iarried debtors   | filing under chapter 1  | 2 or chapter 13 must include   |   |  |
| 9. Pa       | yments related to debt counseling   | ng or bankrup   | tcy   |  |   |  |
| None        | List all payments made or proper<br>consolidation, relief under banks<br>of this case.  |   |   |  |   |  |

NAME AND ADDRESS OF PAYEE Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602

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DATE OF PAYMENT, NAME OF PAYOR IF OTHER THAN DEBTOR

AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY

#### 10. Other transfers

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

#### 11. Closed financial accounts

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within one year immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 12. Safe deposit boxes

None List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 13. Setoffs

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within 90 days preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

#### 14. Property held for another person

List all property owned by another person that the debtor holds or controls.

 $\checkmark$ 

#### 15. Prior address of debtor

If debtor has moved within three years immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

#### 16. Spouses and Former Spouses

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within eight years immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

#### 17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

#### Entered 09/09/08 09:21:02 Case 08-23754 Doc 1 Filed 09/09/08 Page 29 of 39 Document

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

#### 18. Nature, location and name of business

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

None  $\checkmark$ 

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date: September 9, 2008 | Signature /s/ Diane M Divizio        |                 |
|-------------------------|--------------------------------------|-----------------|
|                         | of Debtor                            | Diane M Divizio |
| Date:                   | Signature of Joint Debtor (if any)   |                 |
|                         | <b>0</b> continuation pages attached |                 |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

## Case 08-23754 Doc 1 Filed 09/09/08 Entered 09/09/08 09:21:02 Desc Main

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United States Bankruptcy Court
Northern District of Illinois

| IN RE:  |  |  |  | Case No.  |                                     |  |  |
|---|--|--|--|---|-------------------------------------|--|--|
| Divizio, Diane M  |  |  |  | Chapter 7   |                                     |  |  |
|   |  | Debtor(s)  |  |   |                                     |  |  |
|   | CHAPTER 7 I  | NDIVIDUAL DE   | EBTOR'S STATEM   | IENT OF INTEN   | TION                                |  |  |
| I have filed a s  | schedule of assets and liabili-<br>schedule of executory contra<br>the following with respect to   | cts and unexpired leas   | es which includes person   | al property subject to  | an unexpir<br>lease:                | ed lease.  |  |
| Description of Secured Pr   | operty   | Creditor's Name  |  | Property will<br>be Surrendered   | Property is<br>claimed as<br>exempt | Property will<br>be redeemed<br>pursuant to 11<br>U.S.C. § 722 | Debt will be<br>reaffirmed<br>pursuant to 11<br>U.S.C. § 524(c)        |
| Mobile Home   |  | Evergreen Fn   |  |   |                                     |  | ✓  |
| Description of Leased Pro   | sperty   |  | Lessor's Name  |   |                                     |  | Lease will be<br>assumed<br>pursuant to 11<br>U.S.C. §<br>362(h)(1)(A) |
|   |  |  |  |   |                                     |  |  |
|   |  |  |  |   |                                     |  |  |
|   |  |  |  |   |                                     |  |  |
|   |  |  |  |   |                                     |  |  |
| 09/09/2008  | /s/ Diane M Divizio  |  |  |   |                                     |  |  |
| Date  | Diane M Divizio  |  | Debtor   |   | Joi                                 | nt Debtor (i   | f applicable)  |
| I declare under p<br>compensation and<br>and 342 (b); and,<br>bankruptcy petition | penalty of perjury that: (1) Id have provided the debtor who, (3) if rules or guidelines had on preparers, I have given the debtor, as required by that se | am a bankruptcy pet<br>ith a copy of this docu<br>ve been promulgated pe<br>debtor notice of the m | ition preparer as defined<br>ment and the notices and<br>pursuant to 11 U.S.C. § | I in 11 U.S.C. § 110:<br>information required<br>110(h) setting a maxin | (2) I prepunder 11 Unum fee fo      | pared this d<br>J.S.C. §§ 110<br>or services cl                | ocument for 0(b), 110(h), nargeable by                                 |
| If the bankruptcy   | ame and Title, if any, of Bankrup<br>opetition preparer is not an<br>on, or partner who signs the  | individual, state the  | name, title (if any), addr   | Social Security ess, and social security                                |                                     | •  |  |
| Address   |  |  |  |   |                                     |  |  |
| Signature of Bankru   | uptcy Petition Preparer  |  |  | Date  |                                     |  |  |
| Names and Social  | l Security numbers of all othe   | r individuals who prep   | ared or assisted in prepar   | ing this document, unl  | ess the ban                         | kruptcy peti   | tion preparer  |
| is not an individu  | ıal:   |  |  |   |                                     |  |  |
|   |  |  |  |   |                                     |  |  |

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

# Case 08-23754 Doc 1 Filed 09/09/08 Entered 09/09/08 09:21:02 Desc Main Document Page 31 of 39 United States Bankruptcy Court Northern District of Illinois

Divizio, Diane M

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors \_\_\_\_\_20

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: September 9, 2008

/s/ Diane M Divizio
Debtor

Joint Debtor

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Divizio, Diane M 8800 S Harlem Ave Trlr 19C Bridgeview, IL 60455-1970 Document Page 32 of 39 Credit One Bank
PO Box 98873
Las Vegas, NV 89193-8873

Sanjay S Jutla/Allen Gunn 55 E Jackson Blvd 16th Fl Chicago, IL 60604-4466

Gleason & Gleason 77 W Washington, Ste 1218 Chicago, IL 60602 Evergreen Fn 6547 N Avondale Ave Chicago, IL 60631-1573 United Collection Bureau, Inc. 5620 Southwyck Blvd, Ste 206 Toldeo, OH 43614

Adler & Associates 25 E Washington St, Ste 500 Chicago, IL 60602

Hsbc Bank PO Box 5213 Carol Stream. IL 60197-5213

Arrow Financial Servic 5996 W Touhy Ave Niles, IL 60714-4610 Hsbc Bank Attn: Bankruptcy PO Box 5213 Carol Stream, IL 60197-5213

Asset Acceptance PO Box 2036 Warren, MI 48090-2036 Lvnv Funding Llc PO Box 10587 Greenville, SC 29603-0587

Asset Acceptance Llc PO Box 2036 Warren, MI 48090-2036 Macneal Hospital 2384 Paysphere Cr Chicago, IL 60674-0023

Cap One PO Box 5155 Norcross, GA 30091-5155 Metropolitan Advance Rad Srvc 1362 Paysphere Cr Chicago, IL 60674-0013

Capital One PO Box 5155 Norcross, GA 30091-5155 Midland Credit Mgmt 8875 Aero Dr Ste 200 San Diego, CA 92123-2255

Cavalry Porfolio PO Box 27288 Tempe, AZ 85285 Nationwide Credit And Co 9919 W Roosevelt Rd Ste 101 Westchester, IL 60154-2771

Cavalry Portfolio Serv PO Box 1017 Hawthorne, NY 10532-7504 Premier Bank PO Box 2208 Vacaville, CA 95696-8208

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| IN | N RE:   | Case No   |                     |
|----|---|---|---------------------|
| Di | ivizio, Diane M   | Chapter 7   |                     |
| _  | Debto   |   |                     |
|    | DISCLOSURE OF   | F COMPENSATION OF ATTORNEY FOR DEBTOR   |                     |
| 1. |   | 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation y, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) ows:              |                     |
|    | For legal services, I have agreed to accept   | s   | 676.00              |
|    | Prior to the filing of this statement I have received   | s   | 676.00              |
|    | Balance Due   | \$ <u></u>  | 0.00                |
| 2. | The source of the compensation paid to me was:  | Debtor Other (specify):   |                     |
| 3. | The source of compensation to be paid to me is:   | Debtor Other (specify):   |                     |
| 4. | I have not agreed to share the above-disclosed con  | empensation with any other person unless they are members and associates of my law firm.  |                     |
|    | I have agreed to share the above-disclosed competogether with a list of the names of the people sha                                   | ensation with a person or persons who are not members or associates of my law firm. A copyaring in the compensation, is attached.   | y of the agreement, |
| 5. | In return for the above-disclosed fee, I have agreed to   | render legal service for all aspects of the bankruptcy case, including:   |                     |
|    | <ul><li>b. Preparation and filing of any petition, schedules,</li><li>c. Representation of the debtor at the meeting of cre</li></ul> | endering advice to the debtor in determining whether to file a petition in bankruptcy; statement of affairs and plan which may be required; editors and confirmation hearing, and any adjourned hearings thereof; |                     |
|    | d. Representation of the debtor in adversary proceed e. [Other provisions as needed]  | <del>dings and other contested bankruptcy matters</del> ;   |                     |
| 6. | By agreement with the debtor(s), the above disclosed f  | fee does not include the following services:  |                     |
|    |   | CERTIFICATION   |                     |
|    | I certify that the foregoing is a complete statement of any proceeding.   | y agreement or arrangement for payment to me for representation of the debtor(s) in this banks  | ruptcy              |
| _  | September 9, 2008   | /s/ Troy L Gleason  |                     |
| -  | Date  | Signature of Attorney   |                     |

Gleason & Gleason

Name of Law Firm



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PERIOD FROM

LO PEG 8 25 330 00 Document PERIOD FROM TITO UISU

NAME DAVE DIVIZIO

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U.S. INCOME TAX
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NET PAY 352 (0)

EMPLOYEE'S STATEMENT OF EARNINGS AND DEDUCTIONS - DETACH AND RETAIN N ET PAY 258 56

EMPLOYEE'S STATEMENT OF EARNINGS AND DEDUCTIONS - DETACH AND RETAIN TOTAL DEDUCTIONS N E T PAY 258 4 EMPLOYEE'S STATEMENT OF EARNINGS AND DEDUCTIONS - DETACH AND RETAIN

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| STATI   | TAX             | 9      | 90       |           |           |
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|   | OYEE'S<br>DEDUC |        | MENT     | OF EARNIN | GS<br>AIN |

| PERIOD FROM                    | /7<br>VE "         |       | 6/13      | )<br><b>)</b> |
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| MEDICARE<br>TAX                | _                  |       |           |               |
| STATE<br>INCOME TAX            | 9                  | 90    |           |               |
|                                | -                  |       |           |               |
| TOTAL DEDUC                    | TIONS              | -     | 71        | 44            |
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| Employee's name, actions, and ZiP code   Suff  | BRIDGEVIEW                                    | 1L   | 60455                                 | BRIDGEVIEW                |               | IL                      | 60455                        |               |
| DANE   TYZES   TREET   | d Control number                              |  | · · · · · · · · · · · · · · · · · · · | d Control number          | 1             |                         |                              |               |
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| 13 State According to the Property State (1) Code   120 Code   1   | 7 Social security tips                        | 8 Allocated tips   | 9 Advance EIC payment                 | 7 Social security tips    | 8 A           | llocated tips           | 9 Advance EIC payment        |               |
| 12c Code    | 10 Dependent care benefits                    | 11 Nonqualified plans  | 12a Code                              | 10 Dependent care benefi  | its 11 (      | Nonqualified plans      | 12a Code                     |               |
| Third quarty size (Pays)   Table   | 13 Statutory employee 14 Oth                  | ner  | 12b Code                              | 13 Statutory employee 1   | 4 Other       |                         | 12b Code                     |               |
| 1.5   1.4   1.4   1.6   1.5    | Retirement plan                               |  | 12c Code                              | Retirement plan           |               |                         | 126 Code                     |               |
| 1.5 State Employer's state ID number   16 State wages, tips, etc.   12 Cook wages, tips, etc.   12 Cook wages, tips, etc.   13 Cook wages, tips, etc.   15 Cook wages, tips, etc.   16 Cook wages, tips, etc.   17 Cook wages, tips, etc.   17 Cook wages, tips, etc.   17 Cook wages, tips, etc.   18 Cook wages, t   | Third-party sick pay                          |  | 19d Code                              | Third-party sick pay      |               |                         | 12d Code                     |               |
| 15   State Employer's state to number   15   State wages, tips, etc.   17   Local income tax   18   Local income tax   19      |   | ·  | 120 0000                              |                           |               |                         |                              |               |
| 18 Local wages, lips, etc.   19 Local Income tax   20 Locality name    | IL  | 14068.95   | 396.69                                |                           |               | 14068.95                | 396.69                       |               |
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| Copy 2-For EMPLOYEE'S RECORDS (See   041-068241   064-068   064-   | 16 Eucai wages, ups, etc.                     | 15 Local modifie (ax   | Lev county name                       | to cocal wages, sps, etc. |               | LUCAL INCOME TAX        | Ev accounty manne            |               |
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| 14068.95   1331.62   350cal security wayes   4 50cal security tax withheld   14068.95    | Notice to Employeeon the                      | e back of Copy B.)   |                                       |                           |               |                         |                              |               |
| Demployer ID number (EIN)  |   | 14068.95   | 1331.62                               |                           | L             | 14068.95                | 1331.62                      |               |
| 1-3778931  |   |  | ,                                     |                           |               |                         |                              |               |
| 11-3778931   14068.95   204.00   | b Employer ID number (EIN)                    |  |                                       | b Employer ID number (E   |               |                         |                              |               |
| c Employer's name, address, and ZIP code  K AND M GLOBAL, INC.  8301 S. HARLEM  BRIDGEVIEW  IL 60455  d Control number 1 e Employee's name, address, and ZIP code  DIANE DIVIZIO 7229 W. 71ST STREET BRIDGEVIEW  IL 60455  7 Social security tips 8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a Code  Referement plan 13 Statutory employee Referement plan 14 Other 12b Code Referement plan 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local impore tax 11 State Employer's state ID number 15 Local wages, tips, etc. 19 Local impore tax 20 Locality name 20 Locali | 11-3778931                                    |  | : 1                                   | 11-3778931                |               |                         |                              |               |
| 8301 S. HARLEM  BRIDGEVIEW  IL 60455  d Control number 1 e Employee's name, address, and ZIP code DIANE DIVIZIO 7229 W. 71ST STREET BRIDGEVIEW  IL 60455  DIVIZIO 7229 W. 71ST STREET BRIDGEVIEW  IL 60455  T Social security tips  8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a Code 13 Statutory employee 14 Other  12b Code Referenent plan Third-party sick pay  15 State Employer's state ID number 16 State wages, tips, etc. 19 Local income tax 20 Locality name   |   | and ZIP code   |                                       | c Employer's name, addr   | ress, and Z   | IP code                 |                              |               |
| d Control number  e Employee's name, address, and ZIP code  DIVIZIO 7229 W. 71ST STREET BRIDGEVIEW  IL 60455  7 Social security tips  8 Allocated tips  9 Advance EIC payment  10 Dependent care benefits  11 Nonqualified plans  12a Code  13 Statutory employee Retirement plan  Third-party sick pay  14 Other  14 Other  14 Other  15 State Employer's state ID number 1  16 State wages, tips, etc.  17 State income tax  18 Local wages, tips, etc.  19 Local income tax  20 Locality name  d Control number  1 e Employee's name, address, and ZIP code Suff.  DIVIZIO 7229 W. 71ST STREET BRIDGEVIEW  IL 60455  7 Social security tips  8 Allocated tips  9 Advance EIC payment  10 Dependent care benefits  11 Nonqualified plans  12a Code  13 Statutory employee 14 Other  12b Code 12c Code 13 Statutory employee 14 Other  12b Code 11c Code 11c State wages, tips, etc. 17 State income tax  18 Local wages, tips, etc. 19 Local income tax  20 Locality name  3   |   | , INC.   |                                       |                           |               | C.                      |                              |               |
| 1 e Employee's name, address, and ZIP code Suff.  DIANE DIANE DIVIZIO 7229 W. 71ST STREET BRIDGEVIEW IL 60455  7 Social security tips 8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a Code 113 Statutory employee 14 Other 12b Code Retirement plan Third-party sick pay 15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 19 Local wages, tips, etc. 19 Local income tax 20 Locality name 39  14 DIANE 7 Social security tips 8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a Code 113 Statutory employee 14 Other 12b Code 113 Statutory employee 14 Other 12c Code 114 Other 12c Code 115 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax 19 Local income tax 20 Locality name 39  19 Local wages, tips, etc. 19 Local income tax 20 Locality name 39  | BRIDGEVIEW                                    | IL   | 60455                                 | BRIDGEVIEW                |               | IL                      | 60455                        |               |
| e Employee's name, address, and ZIP code  DIANE DIVIZIO 7229 W. 71ST STREET BRIDGEVIEW  IL 60455  7 Social security tips 8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a Code 13 Statutory employee 14 Other  Retirement plan Third-party sick pay 15 State Employer's state ID number: 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name  Suff.  DIVIZIO 7229 W. 71ST STREET BRIDGEVIEW IL 60455  7 Social security tips 8 Allocated tips 9 Advance EIC payment 10 Dependent care benefits 11 Nonqualified plans 12a Code 13 Statutory employee 14 Other 12b Code 13 Statutory employee 14 Code 13 State Un number: 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 3   |   | enantania area area de la composición del composición de la compos |                                       | d Control number          | 1             |                         |                              |               |
| T229 W. 71ST STREET   BRIDGEVIEW   IL   60455     FRIDGEVIEW   IL   60455     FRIDGE   |   | and ZiP code   | Suff.                                 | e Employee's name, add    | Iress, and Z  | ZIP code                | Suff.                        |               |
| 7229 W. 71ST STREET BRIDGEVIEW  IL 60455  7 Social security tips  8 Allocated tips  9 Advance EIC payment  10 Dependent care benefits  11 Nonqualified plans  12a Code  13 Statutory employee Retirement plan Third-party sick pay  14 Other  12d Code  12d Code  12d Code  13 State Imployer's state ID number   16 State wages, tips, etc.   17 State income tax   15 State Employer's state ID number   16 State wages, tips, etc.   17 State income tax   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   3 State   19 Local income tax   20 Locality name   3 State   19 Local income tax   20 Locality name   3 State   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   3 State   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   3 State   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   3 State   18 Local wages, tips, etc.   19 Local income tax   20 Locality name   3 State   20 Locality name   3 State   | DIANE   | DIVIZIO  |                                       |                           |               | DIVIZIO                 |                              |               |
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| 13 Statutory employee  | 7 Social security tips                        | 8 Allocated tips   | 9 Advance EIC payment                 | 7 Social security lips    | A 8           | diocated tips           | 9 Advance EIC payment        |               |
| 12c Code   Refirement plan   12c Code   Refirement plan   12c Code   Third-party sick pay   12d Code   Third-party sick pay   12d Code   Third-party sick pay   12d Code   12d   | 10 Dependent care benefits                    | 11 Nonqualified plans  | 12a Code                              | 10 Dependent care benefit | fits 11       | Nonqualified plans      | 12a Code                     |               |
| 12d Code   Third-party sick pay   12d Code   Third-party sick pay   12d Code   Third-party sick pay   12d Code   | 13 Statutory employee 14 Oth                  | ner  | 12b Code                              | 13 Statutory employee 1   | 4 Other       |                         | 12b Code                     |               |
| IL 14068.95 396.69  15 State Employers state ID number 16 State wages, tips, etc. 17 State income tax 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 20 Locality name 21 Local wages, tips, etc. 19 Local income tax 20 Locality name 22 Locality name 23 Local wages, tips, etc. 19 Local income tax 20 Locality name 25 Local wages, tips, etc. 19 Local income tax 20 Locality name 25 Local wages, tips, etc. 19 Local income tax 20 Locality name 25 Local wages, tips, etc. 19 Local income tax 20 Locality name 25 Local wages, tips, etc. 19 Local income tax 20 Local wages, tips, etc. 19 Local income tax 20 Local wages, tips, etc. 19 Local income tax 20 Local wages, tips, etc. 19 Local income tax 20 Local wages, tips, etc. 19 Local income tax 20 Local wages, tips, etc. 19 Local wages, tips,  | Retirement plan                               |  | 12c Code                              | Retirement plan           |               |                         | 12c Code                     |               |
| 15 State Employers state ID number 16 State wages, tips, etc. 17 State income tax 15 State Employers state ID number 16 State wages, tips, etc. 19 Local income tax 20 Locality name 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 3   | Third-party sick pay                          |  | 12d Code                              | Third-party sick pay      |               |                         | 12d Code                     |               |
| 15 State Employers state ID number 16 State wages, tips, etc. 17 State income tax 15 State Employers state ID number 16 State wages, tips, etc. 19 Local income tax 20 Locality name 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 3   | IL I  | 14068.95   | 396.69                                |                           |               | 14068 95                | 396 69                       |               |
| 18 Local wages, tips, etc. 19 Local income tax 20 Locality name 18 Local wages, tips, etc. 19 Local income tax 20 Locality name  | į <u>į</u>                                    | 1  | !                                     | 1                         | O numbe       |                         |                              | 7             |
|  |   |  | 20 Locality name                      |                           |               |                         |                              | FA            |

Form W-2 Wage and Tax Statement 2007 Dept. of the Treasury -- IRS
This information is being furnished to the IRS if you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to rep.

DAA

Form W-2 Wage and Tax Statement

2007

Dept. of the Treasury -- IRS

| Com. D. To Do Filed Miles   | F  | 1   | ] [C2 T- F- F8-d W   | 44 F                                  |   |          |
|---|--|---|--|---------------------------------------|---|----------|
| Copy B-To Be Filed With Federal Tax Return.                             | · · · · · · · · · · · · · · · · · · ·            | 41-0852411<br>OMB No. 1545-0008           | Copy 2-To Be Filed Wi                                      | tn Employee's State,<br>Tax Return.   | 41-0852411<br>40-088 Hp. 1545-0098 4            | Dogo Mai |
| a Employee's soc. sec. no;  | / <b>Olane: 16/67</b> 000/7 3<br>14068.95        | 4 Federal included ax withheld 1331.62    | 1-1160%PAMPAMPAMP  | 1 Washing Ing Campy                   | <b>/09/08-09/21</b> -02                         | Desc Mai |
| 331-62-6701   | 3 Social security wages                          | 4 Social security tax withheld            | 1 Doggament  | Rage 37 of 3                          | Godal security tax withheld                     |          |
| b Employer ID number (EIN)  | 14068,95   | 872.27                                    | b Employer IO number (EIN)                                 | 14068.95                              | 872.27  |          |
| 11-3778931  | 5 Medicare wages and tips<br>14068.95            | 6 Medicare tax withheld 204.00            | 11-3778931   | 5 Medicare wages and tips<br>14068.95 | 6 Medicare tax withheld<br>204.00               |          |
| c Employer's name, address, a   |  | 207.00                                    | c Employer's name, address                                 |                                       | 207.00  |          |
| K AND M GLOBAL,<br>8301 S. HARLEM                                       | INC.   |   | K AND M GLOBAI<br>8301 S. HARLEM                           | L, INC.                               |   |          |
| BRIDGEVIEW  | IL   | 60455                                     | BRIDGEVIEW   | IL                                    | 60455   |          |
| d Control number  |  |   | d Control number   |                                       |   |          |
| e Employee's name, address, a   | and ZIP code                                     | Suff.                                     | e Employee's name, address                                 | s, and ZIP code                       | Suff.   |          |
| DIANE<br>7229 W. 71ST STR<br>BRIDGEVIEW                                 | DIVIZIO<br>EET IL                                | 60455                                     | DIANE<br>7229 W. 71ST ST<br>BRIDGEVIEW                     | DIVIZIO<br>REET IL                    | 60455   |          |
| 7 Social security tips  | 8 Aliocated tips                                 | 9 Advance EIC payment                     | 7 Social security tips                                     | 8 Allocated tips                      | 9 Advance EIC payment                           |          |
| 10 Dependent care benefits  | 11 Nonqualified plans                            | 12a Code                                  | 10 Dependent care benefits                                 | 11 Nonqualified plans                 | 12a Code  |          |
| 13 Statutory employee 14 Other  | er   | 12b Code                                  | 13 Statutory employee 14 O                                 | ther                                  | 12b Code  |          |
| Retirement plan   |  | 12c Code                                  | Retirement plan  |                                       | 12c Gode  |          |
| Third-party sick pay  |  | 12d Code                                  | Third-party sick pay                                       |                                       | 12d Code  |          |
| IL  | 14068.95   | 396.69                                    | IL   | 14068.95                              | 396.69  |          |
| 15 State Employer's state ID nu<br>18 Local wages, tips, etc.           | mber 16 State wages, tips, etc.                  | 17 State income tax                       | 15 State Employer's state ID<br>18 Local wages, tips, etc. | number 16 State wages, tips, etc.     | 17 State income tax<br>20 Locality name         |          |
| 16 Local Wages, ups, etc.   | (5 Edgar income lax                              | To coomy rume                             | 10 Local wages, sps, etc.                                  | To cocar income tax                   | 20 Cocony name                                  |          |
| Form W-2 Wage and Tax State<br>This information is being furnish<br>DAA | ment 2007<br>led to the Internal Revenue Service | Dept. of the Treasury IRS ce.             | Form W-2 Wage and Tax St.                                  | atement 2007                          | Dept. of the Treasury - IRS                     |          |
|   | INCHES TO LA                                     | 網線和短網路                                    |  |                                       |   |          |
| Copy C-For EMPLOYEE' Notice to Employeeon the                           | S RECORDS (See                                   | 41-0852411<br>OMB No. 1545-0008           | Copy 2-To Be Filed Wi                                      | th Employee's State,                  | 41-0852411                                      |          |
| a Employee's soc. sec. no.  | 1 Wages, tips, other comp.                       | 2 Federal income tax withheld             | a Employee's soc. sec. no.                                 | 1 Wages, tips, other comp.            | OMB No. 1545-0008 2 Federal income tax withheld |          |
| 331-62-6701   | 14068.95<br>3 Social security wages              | 1331.62<br>4 Social security lax withheld | 331-62-6701  | 14068.95<br>3 Social security wages   | 1331 62<br>4 Social security tax withheld       |          |
| b Employer ID number (EIN)  | 14068.95   | 872.27                                    | b Employer ID number (EIN)                                 |                                       | 872.27  |          |
|   | 5 Medicare wages and tips                        | 6 Medicare tax withheld                   |  | 5 Medicare wages and tips             | 6 Medicare tax withheld                         |          |
| 11-3778931<br>c Employer's name, address, a                             | 14068.95   | 204.00                                    | 11-3778931<br>c Employer's name, address                   | 14068.95                              | 204.00  |          |
| K AND M GLOBAL,<br>8301 S. HARLEM                                       |  |   | K AND M GLOBAL<br>8301 S. HARLEM                           | L. INC.                               |   |          |
| BRIDGEVIEW  | ı.   | 60455                                     | BRIDGEVIEW   | · n_                                  | 60455   |          |
| d Control number  |  |   | d Control number   |                                       |   |          |
| e Employee's name, address, a   | and ZIP code                                     | Suff.                                     | e Employee's name, address                                 | s, and ZIP code                       | Suff.   |          |
| DIANE<br>7229 W. 71ST STR<br>BRIDGEVIEW                                 | DIVIZIO  | 60455                                     | DIANE<br>7229 W. 71ST ST<br>BRIDGEVIEW                     | DIVIZIO                               | 60455   |          |
|   |  |   |  |                                       |   |          |

| Copy C-For EMPLOYEE  Notice to Employeeon the  |   | 41-0852411   | Copy 2-To Be Filed With City, or Local Income T | n Empl  |
|--|---|--|---|---------|
| a Employee's soc. sec. no.   | 1 Wages, tips, other comp.  | OMB No. 1545-0008  | a Employee's soc. sec. no.                      | 1 Was   |
|  | 14068.95  | 1331.62  | ,   |         |
| 331-62-6701  | 3 Social security wages   | 4 Social security tax withheld   | 331-62-6701                                     | 3 Soc   |
| b Employer ID number (EIN)   | 14068.95  | 872.27   | b Employer ID number (EIN)                      | ٦       |
|  | 5 Medicare wages and tips   | 6 Medicare tax withheld  |   | 5 Med   |
| 11-3778931   | 14068.95  | 204.00   | 11-3778931                                      |         |
| c Employer's name, address, a  | and ZIP code  |  | c Employer's name, address,                     | and ZIP |
| K AND M GLOBAL,<br>8301 S. HARLEM  | INC.  | V. Aller   | K AND M GLOBAL<br>8301 S. HARLEM                | , INC.  |
| BRIDGEVIEW   | IL.   | 60455  | BRIDGEVIEW                                      |         |
| d Control number   |   |  | d Control number                                | -       |
| e Employee's name, address,  | and ZIP code  | Suff.  | e Employee's name, address,                     | and ZIP |
| DIANE<br>7229 W. 71ST STR<br>BRIDGEVIEW  | DIVIZIO<br>EET IL   | 60455  | DIANE<br>7229 W. 71ST STR<br>BRIDGEVIEW         | REET    |
| 7 Social security tips   | 8 Allocated tips  | 9 Advance EIC payment  | 7 Social security tips                          | 8 Allo  |
| 10 Dependent care benefits   | 11 Nonqualified plans   | 12a Code   | 10 Dependent care benefits                      | 11 No.  |
| 13 Statutory employee 14 Oth   | er  | 12b Cade   | 13 Statutory employee 14 Ott                    | ier     |
| Retirement plan  |   | 12c Code   | Retirement plan                                 |         |
| Third-party sick pay   |   | 12d Code   | . Third-party sick pay                          |         |
| IL   | 14068.95  | 1  | IL:   |         |
| 18 Local wages, tips, etc.   | imber 16 State wages, lips, etc.<br>19 Local income tax                                     | 17 State income tax<br>20 Locality name  | 15 State Employer's state ID n                  |         |
| To Local wages, lips, etc.   | 19 Cocal income tax   | ZO EOCARY HAME   | 18 Local wages, tips, etc.                      | 19 Lo   |
| Form W-2 Wage and Tax State<br>This information is being furnished to<br>penalty or other sanction may be in | ement 2007 to the IRS. If you are required to file a posed on you if this income is taxable | Dept: of the Treasury - IRS<br>tax return, a negligence<br>a and you fail to rep DAA | Form W-2 Wage and Tax State                     | lement  |

| City, or Local Ince                 |                         | x Retu                | irn.                           |          | OMB No. 1545-0008                     |       |
|-------------------------------------|-------------------------|-----------------------|--------------------------------|----------|---------------------------------------|-------|
| a Employee's soc. sec               | no.                     | 1 Wage                | ss, tips, other comp<br>14068. |          | 2 Federal income tax withhe<br>1331.6 |       |
| 331-62-6701                         | 3 Social security wages |                       | 4 Social security tax withheld |          |                                       |       |
| b Employer ID number                | (EIN)                   | 14068.95              |                                | 95       | 872.27                                |       |
|                                     | ,,                      | 5 Media               | care wages and tip             |          | 6 Medicare tax withheld               |       |
| 11-3778931                          |                         |                       | 14068.                         | 95       | 204.00                                |       |
| c Employer's name, ac               | idress, ar              | nd ZIP c              |                                |          |                                       |       |
| K AND M.GLO<br>8301 S. HARL         | OBAL,<br>EM             | INC.                  |                                |          |                                       |       |
| BRIDGEVIEW                          | 1 :                     |                       |                                | IL       | 60455                                 |       |
| d Control number                    | 1                       | ************          |                                |          |                                       |       |
| e Employee's name, a                | ddress, a               | nd ZIP                | code                           |          | S                                     | uff.  |
| DIANE<br>7229 W. 71ST<br>BRIDGEVIEW |                         |                       | IVIZIÓ                         | 1L       | 60455                                 |       |
| 7 Social security tips              |                         | 8 Alloc               | ated tips                      |          | 9 Advance EIC payment                 |       |
| 10 Dependent care benefits          |                         | 11 Nonqualified plans |                                | 12a Code |                                       |       |
| 13 Statutory employee               | 14 Othe                 | <br>7                 | <del></del>                    |          | 12b Code                              |       |
| Retirement plan                     |                         |                       |                                |          | 12c Code                              |       |
| Third-party sick pay                |                         |                       |                                |          | 12d Code                              |       |
| IL.                                 | L                       | T                     | 1406                           | 8.95     | 396.69                                | <br>} |
| 15 State Employers sta              | ste ID nur              | nber 16               | State wages tips               | etc      | 17 State income tax                   |       |
| 18 Local wages, tips, e             |                         |                       | al income tax                  |          | 20 Locality name                      |       |
| Form W-2 Wage and 1                 | ax State                | ment                  | 2007                           |          | Dept. of the Treasury - IR            | S     |

Certificate Number: 00437-ILN-CC-004345462

## **CERTIFICATE OF COUNSELING**

|   |            |                 | 22110                           |
|---|------------|-----------------|---------------------------------|
| I CERTIFY that on July 1, 2008              | ,          | at 11:58        | o'clock AM MDT                  |
| Diane Divizio                               |            |                 |                                 |
| Black Hills Children's Ranch, Inc.          |            |                 | ,                               |
| an agency approved pursuant to 11 U.S.C     |            |                 |                                 |
| Manufact District and                       |            |                 | r group] briefing that complied |
| with the provisions of 11 U.S.C. §§ 109(1   |            |                 |                                 |
| A debt repayment plan was not prepared      | If a       | debt repayment  | plan was prepared, a copy of    |
| the debt repayment plan is attached to this |            |                 |                                 |
| This counseling session was conducted by    | y internet | and telephone   | ·                               |
|   |            |                 |                                 |
| Date: July 1, 2008                          | Ву         | /s/George Dye   |                                 |
|   | Name       | George Dye      |                                 |
|   | Title      | Credit Counselo | r                               |
|   |            |                 |                                 |
|   |            |                 |                                 |

<sup>\*</sup> Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

Case 08-23754

Signature: (Debtor or Corporate Officer, Partner or Member)

Doc 1 Filed 09/09/08 United States Bankruptcy Court Northern District of Initions

# Entered 09/09/08 09:21:02 Desc Main Page 39 of 39

(Joint Debtor)

| IN RE:   | Case No.   |  |  |  |
|--|--|--|--|--|
| Divizio, Diane M   | Chapter 7  |  |  |  |
| Debtor(s)  | Chapter 1  |  |  |  |
| DECLARATION REGARDING E<br>Signed by Debtor(s) or Corpora<br>To Be Used When Filing ov   | ate Representative   |  |  |  |
| PART I - DECLARATION OF PETITIONER A. To be completed in all cases.  | Date: June 26, 2008  |  |  |  |
| I (We) Diane M Divizio  officer, partner, or member, hereby declare under penalty of perjury that the correct social security number(s) and the information provided in the electron application to pay filing fee in installments, is true and correct. I(we) conschedules, and this DECLARATION to the United States Bankruptcy Counwith the Clerk in addition to the petition. I(we) understand that failure to fingursuant to 11 U.S.C. sections 707(a) and 105. | mically filed petition, statements, schedules, and if applicables on my(our) attorney sending the petition, statement of the petition, statement of the petition of the petiti |  |  |  |
| B. To be checked and applicable only if the petitioner is an individu debts and who has (or have) chosen to file under chapter 7.  | al (or individuals) whose debts are primarily consume  |  |  |  |
| I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12 relief available under each such chapter; I(we) choose to proceed a chapter 7.  | 2, or 13 of Title 11 United States Code; I(we) understand th under chapter 7; and I(we) request relief in accordance with  |  |  |  |
| C. To be checked and applicable only if the petition is a corporation,   | partnership, or limited liability entity.  |  |  |  |
| I declare under penalty of perjury that the information provided in the to file this petition on behalf of the debtor. The debtor requests relief  | nis petition is true and correct and that I have been authorized of in accordance with the chapter specified in the petition.  |  |  |  |
|  |  |  |  |  |

Signature: